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A Sixty-four page Monthly Journal of

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THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JULY 26, 1884.

Original.

UTERINE REFLEXES.*

BY DOUGLAS MORTON, A.M., M.D.

*Visiting Surgeon to the Women's Department of the
Louisville City Hospital.*

The cases I have to narrate this evening are by no means rare, and I do not know that I have any thing new to say about them; yet, from the very frequency of their occurrence, questions suggested by them assume an importance that makes it well that they be reopened from time to time. The points especially worthy of your consideration are, first, that just such cases are much more frequently met with than that class of practitioners, who are wont to charge the gynecologist with holding the womb responsible for too many ills, are willing to concede; and second, though manifesting none of the symptoms most commonly associated with uterine disease, they failed to be cured except by aid of local treatment to which they for the most part responded very satisfactorily.

CASE I. A lady, thirty-five years old, married some fifteen years but without children, had an attack of what was pronounced by her attendants, two distinguished physicians, to be a form of cerebro-spinal meningitis. The leading symptoms in her case were severe headache and opisthotonus and very obstinate nausea and vomiting. In the earlier part of the attack these symptoms were very nearly constant and required for their control daily hypodermic injections of morphia. Paroxysms occurred from time to time, in which these symptoms were intensified. There was some fever at first, though it never went above 102°. The attack lasted several months.

At the time she came under my charge

*Read before the Louisville Medical Society, July 3, 1884.

she had enjoyed a respite from her suffering for about two weeks, and for the first time had tried to walk. The exertion brought on another attack with the same symptoms as before. On this occasion there was no fever. I used morphia hypodermically, and it was necessary to repeat the dose, a quarter of a grain, in an hour to secure relief. Chloral and the bromides had been used before she came under my treatment until they ceased to bring relief. As soon as she passed from under the influence of the narcotic the symptoms returned, and continued to do so for a week. Then came another period of rest, lasting ten days; but some slight exertion caused a recurrence of the attack. At this time I had one of the physicians (Dr. Foree) who had seen her before to visit her with me, and we determined to subject her to a course of uterine therapeutics—a thing she bitterly opposed, saying she was confident she had no disease of the womb. But she finally yielded, and we had very thorough vaginal irrigation with hot water done at once. This was followed up by applications of strong tincture of iodine to the cervix, which presented no further evidence of disease than some appearance of general congestion and slight erosion immediately around the os. She had no return of the trouble after the irrigation, and improved rapidly under the subsequent treatment.

After more than a year of excellent health she had another attack of the same kind. The same treatment was not followed, however, by so good a result as before, and I substituted nitrate of silver for the iodine, in order to get a free discharge from the cauterized surface. Free discharge was established, and with it came absolute relief.

This patient's symptoms may, I think, be explained in either one or two ways: there may really have been in the outset, as was supposed, an attack of cerebro-spinal men-

ingitis, and certain regions of the brain and the spinal cord were left in a state of unstable equilibrium easily destroyed by waves of excitation, so to speak, sent up from the womb in a condition often found in married women who have not borne children—a condition of congestion and hyper-irritability. Or, on the other hand, the irritability in the affected centers of the brain and spinal cord may have from the first been the effect of this condition of the womb, just as Charcot has demonstrated that the lower part of the posterior cord sometimes becomes the seat of congestion which causes symptoms of sclerosis, brought on by the constant irritation of an inflamed bladder. The very quick and perfect relief given by local treatment seems to support the latter view, though under either view, such treatment might be expected to be beneficial.

CASE II. A married lady, about forty-five years of age, and mother of several children, had for more than a year felt that she was declining in health. The symptom that caused most apprehension was a sense of numbness in her legs. This was very nearly constant, though at times, especially at night, it grew worse. She would awake sometimes and find one leg entirely anesthetic, which very naturally led her to fear paralysis, though there was never at any time any motor impairment. There were other symptoms in her case more or less pronounced, not important to be mentioned here, but no pelvic symptoms—nothing that had ever drawn her attention to her womb as the cause of her suffering. She said, indeed, that throughout her life she had been unusually healthy in this respect. For some weeks I treated her constitutionally, but without material result. (She wished to make local treatment a last resort.) Finally she consented to an examination of her pelvic organs, and I had to confess I found very little evidence of local disease. The womb seemed merely a little larger and heavier than usual, and there was slight leucorrhea. But having excluded other causes of her symptoms I advised her to submit to local treatment for a while at least. I applied strong iodine and glycerine tampons twice a week, and ordered hot water irrigation twice daily. She soon began to improve, and at the end of three months, her former good health had been restored; for which she thanked me in most extravagant terms. This patient still menstruated, but had begun to do so irregularly, and the physical changes involved in the climacteric were

taking place. Of these, congestion is the most palpable, and is perhaps invariably present. My treatment removed this condition and with it all dependent phenomena. It will not be out of place to remark in this connection that considerable experience enables me to state in positive terms my belief that many of the ills belonging to the change of life may by art be taken away, and that most of them may be alleviated. The occult trophic changes in the nerves and other structures of the genital system associated with the climacteric may yet for a long time, perhaps forever, be hidden from science, but the condition of congestion is definitely known to be one of the concomitants or preliminaries of these changes, and from this there comes a host of direct symptoms and reflexes, and not only so, but congestion, if not a predisposing cause *per se*, is inseparable from known predisposing causes of the dreaded carcinoma. It is therefore a consideration of immense value that the resources of therapeutics enable us to treat the congestion incident to the change of life with as much and often with more success than that occurring at other stages of a woman's life.

CASE III. A lady, forty years old, that had borne two children, the younger six years old, had for several years suffered much from occipital headache, sometimes very severe. She had also dyspepsia, and her health generally had run down. She had become firmly convinced that the seat of her disease was the brain. Before coming into my hands she had taken a large amount of quinine, under the belief on the part of her physician that malaria was the *causa mali*. This had never given relief. The bromides had of course been freely used also, but only with temporary benefit. Pelvic symptoms, if she had ever had any, had hardly engaged her attention. The leading symptom in her case, occipital headache, together with the fact that all other causes had been quite well excluded when she came under my charge, led me to suspect uterine disease, and on examination I found a part of the anterior lip of the os affected with granular erosion, very red and projecting somewhat from the surrounding surface. This, as is unusual, I found exquisitely tender to the touch. The womb was a little larger and a little lower in the pelvis than is normal. I applied nitric acid to the eroded surface occasionally, and carried out in addition my usual treatment with strong iodine and hot-water irrigation. Her recovery was speedy and highly satisfactory.

CASE IV. A woman, twenty years old, and mother of one child two years old, called on me to relieve intense abdominal pain. She had suffered much from it for over a year, and had been under a number of physicians. I treated her by constitutional remedies for several weeks without benefit save in the temporary relief afforded by opiates. The seat of pain seemed to be in the stomach and intestines, though it was clearly not caused by disturbance of digestion. It was neuralgic, rather. On close questioning I found she had had no backache, no iliac pain, no leucorrhea, nothing in fine that had ever called her attention to her womb. I proposed local treatment because I had tried every thing else. Through the speculum every thing appeared normal. Color was natural and there was entire freedom from leucorrhea. Digital examination revealed "areolar hyperplasia," though not in a marked degree. Nitrate of silver was occasionally applied in connection with the usual treatment. From the beginning of local treatment there was a profuse discharge of tenacious, yellowish matter from the cervical canal. This continued independently of treatment. I had never seen this occur except in the case of another patient under treatment at the same time, whose symptoms very closely resembled those of this one. Relief and general improvement in health followed the local treatment.

CASE V. A young lady, twenty-five years old, had been in poor health for several years. She complained of dyspepsia and nervousness. No symptoms had specially drawn her attention to her womb save dysmenorrhea, from which at some of her menstrual periods she suffered very severely. She had been under general treatment for a long time and had gotten worse for it. I made a vaginal examination and found marked antelexion and considerable leucorrhea of a kind that indicated corporeal endometritis. The womb was also tender to touch and was less mobile than normal. My usual local treatment was applied for about three months. On account, however, of the strong antelexion I never succeeded in reaching the corporeal endometrium, and she was never able to bear dilatation. At the close of my treatment she seemed little if any improved. Her health became much better afterward, however, and she attributed the improvement solely to the local treatment. This case is given to illustrate gastric reflex symptoms, though I could

easily have selected one in which these symptoms were equally marked, since dyspepsia is very commonly associated with corporeal endometritis of long standing, and in which the results of treatment were much better; yet it is the only one I can recall in which pelvic symptoms were not also prominent.

When the stomach becomes affected by uterine disease with atonic dyspepsia as a result, a new center of disturbance has been established; and, through the many connections of the pneumogastric and of the abdominal sympathetic centers, a host of secondary reflex symptoms appear, and in addition symptoms that come from the absorption into the circulation of deleterious products of mal-digestion and from blood-poverty. In these cases it is vain to hope for perfect and permanent relief from stomachics and other constitutional remedies alone. A cure can be obtained only by applying, in addition to such remedies, means of relief at the fountain-head of the mischief.* "There are so many acute and even chronic diseases cured by nature," says the great clinician of Montpellier, "that it is necessary to point out how different uterine diseases are in this respect. In their case the expectant method is deplorable. . . . Experience teaches us that diseases of the womb have no tendency to spontaneous cure." It is a matter of common observation that the subjects of uterine disease are greatly benefited in general condition by well-adapted tonics and hygiene, but so long as a vestige of the local disease remains they are liable to be dragged down to the old level either by some one of the many causes likely to act as irritants upon the genital system, or by some cause that works through the general system.

CASE VI. In citing this case, I deviate from the plan with which I set out, of presenting cases in which pelvic symptoms were either not present or were unimportant. I do so in order to call attention to a symptom which I believe is often misinterpreted. The patient in question was at the time I treated her about thirty-two years old. She was married and the mother of several children. She had endometritis of long standing, considerable enlargement of the womb, and retroversion. She had no lack of pelvic symptoms—backache, iliac pain, and a sense of pelvic weight and

* Enmet, in his own emphatic way, says: "The advocate for either general or local treatment exclusively, or he who neglects to give proper attention to both, does not possess sufficient practical knowledge to extend his usefulness beyond the range of an empiric."

dragging down. She had also troublesome dyspepsia, and was at the time I first saw her, in consultation in an adjacent county, unable to walk more than a few yards. The symptom to be noted in her case, however, was impairment of vision. The oculist to whom I sent her said this was due to weakness of the muscles of accommodation, which became easily fatigued when used. Under this view it may be improper to class it as a uterine reflex; it would seem rather a result of general debility. But since I have seen it in adults associated rather with ill-health dependent on uterine disease than with that arising from other causes, I have been led to think it has a special connection with this disease, and have even considered it a diagnostic sign of some value. Local applications and the use of a retroversion pessary resulted in the return of good health.

In this paper a very important class of utero-ovarian reflexes, unless Case 1 may be assigned to this class, is not represented. I refer to those included under the term hysteria, which comprehends all varieties ranging between the extreme of emotional on one hand to that of motor on the other; from mania to hystero-epilepsy. I leave them out simply because they are familiar to every physician, and no one for a moment entertains any doubt as to their usual dependence upon some sort of disturbance of the genital system.

The question no doubt arises in your minds, as it has done in my own, as to why the same pathological conditions should in some cases be attended by remote disturbances while in others these are absent. A solution readily suggests itself in the well-known fact that the nervous system in some individuals is more unstable, has less resisting power, than in others. But another question arises just as naturally and is more difficult of solution: Why should apparently the same pathological conditions be attended by such varying modes of manifestation; why, for example, should endometritis give rise in one instance to intercostal or mammary neuralgia, in another to occipital headache? The answer to this question may be that the identity of pathological condition is more apparent than real, and that with improved methods of investigation differences that are now unobserved may become readily discernible. It is a fact, moreover, that in any given nervous system there may be parts that are weaker than others, and when the whole is subject-

ed to a strain the weaker part yields. In other words, there are varying predispositions, and the symptoms developed by uterine disease as an exciting cause vary accordingly.

The cases I have given, in most of which the reflex symptoms seemed out of all proportion with the local evidences of disease, are very common,* and the unfortunate circumstances connected with them is that, when not clearly recognized and subjected to only palliative treatment by means of sedatives and carminatives, they in time develop real disease, when at the onset there was only functional disturbance. Palpitation of the heart, coming from dyspepsia, dependent on uterine disease, may lead to the state known as irritable heart, and thence to organic change. Atonic dyspepsia, if left unrelieved, is liable to result in chronic gastritis. Spinal centers often provoked to abnormal discharge may lead to "irritable spine," with its multitude of morbid expressions. You all, no doubt, have occasionally seen illustrations of these things, sometimes in the physical, sometimes, perhaps, in the mental wrecks of women who started out in life healthy and of sound constitutions. Local treatment of the uterine disease, which is still present, will now avail little or nothing, because secondary diseases have been firmly established. Opium and the spinal cautery have now become the means of palliation, and, in some cases, extirpation of the ovaries, the hope of cure. The doctrine that should guide us, therefore, in the management of uterine disease is contained in the words *principiis obsta*.

The distinguished New York physician, Dr. Putnam Jacobi, has reminded us, in a recent paper, that nearly all diseases of the utero-ovarian system have their starting point in inflammation of the endometrium, a morbid condition we know to be in itself easily and successfully treated, but, if left alone, leads to inflammation of all of the structures of the womb, increased weight, and displacement in some cases, softening with flexion in others, and ovarian disease in still others.

*"By their almost latent state, their great variety of symptoms, often very transitory, their sympathetic effects on all parts of the economy, and their immense influence on the nervous system, uterine diseases are peculiarly apt to lead medical practitioners into errors of diagnosis."—*Lisfrance, quoted by Courty.*

"How often is one consulted for neuralgia, or hysteria, for symptoms manifested in the stomach, the heart, or the liver, for digestive troubles, anorexia, nausea, diarrhea, and for all the train of evils depending on poverty of blood, anemia, chlorosis, emaciation, and exhaustion, which are but the natural and symptomatic manifestations of an unrecognized uterine malady!"—*Courty.*

To close here would leave this paper incomplete, for it may have made the impression that undue importance is attached to utero-ovarian disturbance as a cause of the neuroses of which I have given a few examples. Down to the time of Sydenham, physicians did indeed hold that this was the sole cause of the phenomena of hysteria; and owing to the multitude of physiological connections existing between the genital system and the rest of the organism, and the intensity of the impressions it is capable of receiving, it is in the nature of the case the medium through which, or rather the point of departure from which the most intense disturbances are conveyed to other parts of the organism. Yet we have strong evidence in support of the view that these disturbances manifested in various parts of the organism do not depend solely upon a specific exciting cause, such as an impression coming from the genital system. That, in the male, phenomena occur identical in character with hysterical symptoms is a proof that sometimes at least hysteria is a misnomer. The view, moreover, is opposed by physiological analogy: the response of any organ or part under normal stimulation or under irritation is determined not by the character of the stimulation or irritation, but by the mode of functional activity of the part.

A predisposing cause of great importance in the production of the same class of neuroses that usually spring from disease or disturbance of the genital system is well named by the modern term "neurasthenia." This term involves two ideas: A nervous system irritable to a morbid degree, and a lack of the physiological control that belongs to the healthy state, by which the subject is made liable to nervous perturbation entirely out of proportion with the exciting cause from whatever source it may come.

Goodell explains the occurrence of the neurosial phenomena of the class supposed by some to be always primarily dependent on utero-ovarian disturbance, and his explanation is doubtless in a large number of cases the true one. "I can not pretend," he says, "to give the precise pathology, but I take it to be something like this: The yet developing nerve centers of this brain-crammed girl were unable to cope with the strain thrown on them, and they broke down. But jaded nerves make poor blood and faulty circulation. From these come cerebral and spinal irritation, with

headache and backache, and with general exhaustion." And he believes, furthermore, that not only neurosial symptoms spring from these causes, but often uterine inflammation, visible and palpable, attended by debilitating leucorrhea.*

Finally, it appears that although hysteria and other neuroses may spring from causes that are independent of the genital system, and that may even give rise to uterine and ovarian diseases as secondary phenomena, they are, nevertheless, far more frequently the effects of disturbance or disease of this system. That this should be true we are fully prepared to expect from the functional importance of the system, which is not related to the preservation of the individual but the perpetuation of the race. That the exercise of the genital function in some of the lower orders of animal life (for example, the lepidoptera), should result in the death of the individual, is suggestive as to the profound effects disturbance or disease of the genital system is capable of producing throughout the organism.

* In his paper entitled "Nerve Tire and Womb Ills," Dr. Goodell presents us with an array of facts which seem to prove that uterine inflammation may be cured by the Weir-Mitchell method without local treatment. I am sure that patients in the condition he describes may be immensely benefited by the method at a time when any local application save, perhaps, that of hot water, would, on account of extreme nervous irritability, produce injurious reaction, but I do not believe that a uterine catarrh can be cured except by local treatment any more readily than can a nasal catarrh. In either case the general health may be built up by general treatment and favorable hygiene, but in both the local disease will remain as a smoldering fire, ready, under favorable conditions, to burst into a flame. Yet I am sure, also, that local treatment alone in a large number of cases would result in failure. The plan that most certainly brings good and permanent results is that which combines with carefully applied local measures all means, hygienic and therapeutic, that best promote healthy nutrition throughout the whole organism.

Miscellany.

PREVENTION OF CHOLERA.—The following circular has been received from the Secretary of the Treasury:

TREASURY DEP'T., OFFICE OF SECRETARY, }
WASHINGTON, D. C., July 2, 1884. }

To the Collectors of Customs:

It has been brought to the attention of the Department that persons from the infected districts of France are leaving in considerable numbers by other than French lines. You will, therefore, require evidence that none of the baggage of immigrants or returning travelers has been shipped from the infected districts since June 20, 1884. A certificate of the local quarantine officer, to the effect that no danger to the public health need be apprehended from allowing the landing of any passenger's baggage, may be accepted as entitling such traveler or immigrant to land his effects.

CHAS. J. FOLGER, Secretary.

INSPECTORS OF CUSTOMS AT QUARANTINE STATIONS.—The following has also been issued from the Treasury Department of the United States:

WASHINGTON, D. C., June 10, 1884.

To Customs Officers and others whom it may concern:

The following opinion from the Attorney-General of the United States, relative to the respective rights and duties of customs officers at quarantine stations, is published for your information and guidance.

CHAS. J. FOLGER, *Secretary.*

DEPARTMENT OF JUSTICE, }
WASHINGTON, June 5, 1884. }

SIR: In reply to yours of the 26th ultimo, asking whether the health authorities of the State of South Carolina can legally prevent an Inspector of Customs of the United States who has been assigned to duty at the quarantine grounds from landing at that place, I answer that the duty of a State to police its navigable waters and coasts in the interest of health does not conflict with the duty of the United States to police the same grounds in the interests of their revenue. There is no conflict in point of theory upon these matters, and the good sense of the officers intrusted with these duties respectively will no doubt prevent any collision in point of fact. Such I understand from a recent note to be the general experience of your Department upon the present matter.

The United States have a clear right to see for themselves, and by the eyes of their own officers, whether their customs laws are enforced at quarantine stations as well as at other places. They direct their officers to execute this duty with a reference to the State health laws and regulations. Such conformity, however, is not to amount to an abstinence from official duty.

Upon the other hand, that universal rule by which, upon conflict between State and United States laws, the former necessarily give way, would not justify customs officers from *excluding* health officers from policing places which the former might have found it necessary to occupy in the course of duty.

Questions of some delicacy as to relative precedence and superiority of function may arise between these two classes of officials. Their happening need not be anticipated. And they will probably be settled, as generally heretofore, by an exercise upon both sides of liberality and good sense.

The present, however, is not a doubtful matter. Obviously, health officers can not prevent Inspectors of Customs from landing at the quarantine station. Although inspectors must conform their official action, whilst visiting and remaining at such stations (as well as elsewhere) to all reasonable regulations in the interests of public health, no regulation which forbids their enjoying ample opportunities for then and there protecting the public revenue is reasonable.

Very respectfully,

BENJAMIN HARRIS BREWSTER.

Attorney-General.

THE SECRETARY OF THE TREASURY.

PRECAUTIONS AGAINST CHOLERA IN ILLINOIS.—The following circular, concerning

sanitary inspection, has been sent to the municipal authorities and local boards of health throughout the State:

At a meeting of the Illinois State Board of Health, held in Springfield, July 2 and 3, 1884, the following resolution was adopted:

Resolved, That, while epidemic cholera may be excluded from this country by thoroughly enforced quarantine regulations, yet the best attainable sanitary condition of every locality in the State should be secured, so that in the event of Asiatic cholera effecting an entrance, notwithstanding quarantine, the disease may be met and fought under the most favorable circumstances; and the Secretary is, therefore, hereby authorized to take such action as in his judgment will most promptly obtain a thorough sanitary organization of the State, and the adoption and enforcement of the measures necessary to improve its general sanitary condition.

It is entirely possible that we may escape a visitation of Asiatic cholera this year, although there is yet plenty of time for the disease to reach our shores before cold weather. But even if there were no danger from this source, it should be remembered that every thing which is done in the direction of sanitary improvement benefits the general health, reduces the amount of sickness, and lessens the death-rate. An obvious duty, therefore, rests at all times, but more urgently at present, upon those charged with the administration of public-health affairs to take such steps as may be necessary to remedy any defects in the existing sanitary status.

To this end a general inspection of the entire territory under your jurisdiction should be made forthwith; and all nuisances, or other conditions injurious to the public health, which may be disclosed by such inspection, should be promptly abated. Especial attention should be paid to—

FIRST: *The condition of the water-supply.*

SECOND: *The disposition of night-soil, garbage, and sewage.*

THIRD: *The cleansing of streets, alleys, and other public places.*

FOURTH: *The supervision of food-supplies, and of market-places, slaughter-houses, and similar establishments.*

FIFTH: *The general sanitation of every house and its surroundings.*

1. Water is one of the commonest mediums through which cholera spreads; but, aside from this, typhoid and malarial fevers, diarrhea, dysentery, and other diseases, are caused by impure and polluted water. Hence the necessity of protecting the supply from contamination by surface-washings and drainage of filthy soil or premises, or the wastes of manufacturing establishments, or by seepage through the ground from privy-vaults, cess-pools, etc.

2. Night-soil, garbage, sewage, and all other forms of decomposing organic matter, are highly prejudicial to health, and their foul odors are indications of danger. The various methods for their proper disposal, so as to render them harmless, are well understood, and should be enforced according to the varying conditions of each locality.

3. Clean streets and alleys, and gutters properly drained and kept free from unsightly and

filthy accumulations, are of even greater importance during the heat of summer than at other times. The healthy condition of the atmosphere of a locality largely depends upon the condition of its thoroughfares.

4. The rapid decomposition of most articles of food during hot weather—the tainting, souring, wilting, or rotting processes—and the derangements of the stomach and bowels caused by the use of such food, indicate the necessity for special supervision at this time, of all food-supplies, and of the places where they are prepared, stored, or disposed of.

5. The foundation of healthy living is, obviously, the individual home and its surroundings. Houses, cellars, yards, and out-buildings should be carefully inspected, and all accumulations of garbage, refuse, and filth of every description should be removed, or, where this is not practicable, they should be rendered harmless by appropriate treatment. No house or premises can be healthy without proper drainage. If this is not secured by sewers or underground drains, then recourse should be had to surface drains, so as to prevent the possibility of stagnant water under the dwelling or in its vicinity. Cellars should be dry, clean, and well-ventilated, so that they may not generate foul air to be drawn up through the house.

It is desired that this work of inspection and remedying of evils and defects be begun at the earliest practicable moment, and a preliminary report be made to this office, covering, in a general way, the existing sanitary condition and the measures adopted and enforced for its improvement.

CONGENITAL DERMOID GROWTHS.—At a recent meeting of the Society of Physicians of Vienna, Dr. Bergmeister showed a girl who was suffering from congenital dermoid growths on both eyes, which were situated symmetrically, partly on the cornea, and partly on the sclerotic. Such tumors, Dr. Bergmeister pointed out, consist of the tissue of the cutis, and sometimes contain fat; their growth is often arrested for a long time, but they usually develop rapidly at the age of puberty. This circumstance had determined the father of the child to come to Vienna for treatment. The disease in Bergmeister's case is associated with a peculiar complication, viz., facial asymmetry. The left corner of the mouth stands at a higher level than the right one, and there is a cicatrix extending from it to the left ear; the left side of the face is also less developed than the right. The association of dermoid tumors with warts in the pre-auricular region has been remarked by Arlt, and cases in which such dermoid tumors have occurred together with colobomata and other abnormalities have been published. Besides colobomata of the lids, hare-lip, clefts of the nose, and asymmetry of

the hard palate, dermoid growths have also been found associated with colobomata of the eye-brows, circumstances which render it probable that these pathological abnormalities must have a common cause. Van Dugse has attempted to explain them by assuming that they are the result of a process which takes place *in utero*, the amniotic membrane uniting with prominent portions of the epidermis, as, for instance, the eye-ball. In the case above mentioned Dr. Bergmeister is inclined to regard the pre-auricular cicatrix on the left side of the face as a "fissura buccalis," which had become closed *in utero*.—*London Medical Times*.

BOXED EARS.—Public attention has lately been drawn to the subject by the action of a plate-layer in withholding his little girl from school at the examination time because the schoolmistress had boxed the child's ears three days before the examination, and the child had suffered from headache ever since. The school authorities summoned the father for the non-attendance of his child, and very naturally lost their case. Our sympathies are entirely with the aggrieved parent, although we are alive to the possibility that the headache may have been in some measure imaginary.—*London Medical Times*.

RABIES IN BIRDS.—Birds can, according to M. Gibier's showing, no longer be regarded as proof against rabies. As a rule birds inoculated with the virus exhibit but few symptoms, or possibly none; but in a certain fowl it was observed that fourteen days after inoculation paralysis of one of the legs and of some of the neck muscles set in. After some days the illness and paralysis passed away and the bird continued to live. Acting on the notion that birds may contract the disease, but that, owing to the relative insensibility of their cerebro-spinal nervous system or from some other reason, the microbe may undergo its evolution without destroying life, inoculations were performed on a cock and pigeon with a drop of distilled water holding in suspension some cerebral matter taken from a rabid dog. The symptoms which resulted were any thing but satisfactory. However, at the end of twelve days a small section of the brain of the pigeon was removed by trepanning. Microscopic examination revealed the microbe already described by M. Gibier. After this, inoculations were per-

formed on three rats with the material taken from the pigeon's brain. All three rats perished with unmistakable signs of the disease. Similar investigations were attended with like results when the cock was the subject of experiment. Another fact seems to have been brought to light. It is to the effect that the virulence of rabies in the cerebrum of the pigeon passes away after some months. We may also recall the researches made by M. Gibier on rats, which conclusively proved that neither garlic nor pilocarpin can stay the course of rabies.—*Lancet*.

VITALITY AND COLD.—A brief but interesting announcement was made by M. Arloing at a recent meeting of the Medical Society of Lyons. MM. Pictet and Yung have been studying the action of intense and prolonged cold on bacteria, cryptogamia, ova of small animals (crustacea), grain, etc. The degree of refrigeration was obtained first by sulphuric acid at a temperature of 70° C., lasting for twenty hours, then by solid carbonic acid at 76° C., for eighty-eight hours, and finally by carbonic acid and a vacuum at 120° to 130° for twenty hours. M. Arloing found that the virus of the bacillus anthracis thus treated was as active as before the refrigeration. Intense and prolonged cold kills vaccine virus, the barm of beer, and the mycelium of bacillus anthracis, but the spores of this bacillus are not so destroyed.—*Ibid*.

ALLEGED DEATH FROM OVERWORK AT SCHOOL.—A coroner's inquest was held at Dudley, on Tuesday, respecting the death of a little girl who attended a board-school. She complained on Saturday last of headache caused by her lessons, became alarmingly ill next day, and died before a doctor could be sent for. The jury returned a verdict of death from natural causes, accelerated by overwork at school.—*London Medical Times*.

A NEW TREATMENT OF EPITHELIAL CANCER.—Experiments now in progress, under the supervision of Dr J. E. Garretson, at the Oral Hospital in this city, show a wonderful curative value in the treatment of epithelial cancer with the use of epiderm secured from the horse by means of a curry-comb, the treatment being nothing more complex than keeping a sore continuously covered with the ash-colored powder thus obtained. The horses are to be washed

over night and curried with a new curry-comb in the morning. After picking out the hairs the powder is ready for use. Where horse epiderm is not to be obtained, the scales may be scraped, by means of a knife-blade, from the human arm or leg.—*Medical and Surgical Reporter*.

INSANITY AND CARDIAC DISEASE.—Dr. James G. Kiernan thus concludes a paper in the American Journal of Neurology and Psychiatry:

Taking all narrated cases into account, it would seem justifiable to conclude:

1. That cardiac disease produces psychological symptoms; depressions and hallucinations, as well as delusions.
2. That cardiac disease may modify co-existing insanity.
3. That insanity may produce cardiac symptoms.

GREAT SOUTHERN EXPOSITION.—We have received a beautiful picture of the Southern Exposition, which opens at Louisville, Ky., August 16th, and continues until October 25th. The view is of the main building, which is one of the largest exposition buildings ever erected. It covers thirteen acres of ground, and will be lighted throughout by five thousand electric lights.

A YOUNG lady died recently at Cherbourg in great agony after having taken an injection of aconitia prepared by a pharmacist in mistake for pilocarpin. The druggist discovered his error shortly after it was committed and ran to the lady's house to warn her, but arrived just in time to see her expire.—*Medical and Surgical Reporter*.

THE sulpho-carbolate of sodium, in thirty-grain doses given after meals, is recommended in flatulent dyspepsia. Also in ten-grain doses for nausea and vomiting, particularly in pregnancy.—*Ibid*.

THE Commissioners of Charities and Correction, of New York, have bought 1,067 acres of land on Long Island on which to erect buildings for the chronic incurable pauper insane.

FOR the relief of intense itching, Dr. Startin, in the *Lancet*, recommends sponging the parts once or twice a day with pure rectified spirits containing one per cent of carbolic acid.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.

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CHOLERA.

Cholera is just now a leading theme with our home and foreign medical and secular contemporaries. In view of the fact that the disease is rapidly spreading in France, and the probability that it will soon become epidemic in Southern and Central Europe, with the chance that it may assume a pandemic form and sweep over the civilized world during the summer and fall, this awakening in influential quarters is most fit, and will doubtless result in such sanitary precautions as will prevent a repetition of the terrible ravages which marked some of its visitations in former years.

Our Government is doing every thing in its power to make the quarantine service effective against its introduction, while the State and local boards and municipal authorities are bestirring themselves to secure, in their respective domains, such hygienic conditions as shall be incompatible with the development and dissemination of the death-dealing germs.

Elsewhere in this issue may be found documents from Secretary Folger, embodying important instructions to the Government sanitary officials, and we see by the daily press that "Secretary Frelinghuysen has, by cable, instructed the consular officers at London, Liverpool, Marseilles, Havre, Bor-

deaux, Bremen, and Hamburg to at once appoint competent physicians to inspect all vessels and passengers departing for the United States from those ports. The consuls are instructed to refuse clean bills of health in all cases except upon the recommendation of the Sanitary Inspector that such bills be given; and to report by cable any case of infectious or contagious disease known to exist on board of any vessel at the time of her departure for the United States."

A wise and timely circular from the energetic Illinois State Board of Health, which has been distributed to the mayors or presidents of local boards of six hundred and forty-four cities, towns, and villages throughout the State, and a most interesting letter from our Paris correspondent, discussing the situation in France, are also laid before our readers.

The New York Board of Health has issued an able circular and distributed it throughout the State, and the coming week will doubtless show that every State Board of Health in the land has taken effective action in the matter. We may therefore take what comfort there may be in the assurance that the scourge, should it land upon our shores, will not take us by surprise, and that, if it be scattered over the land, it will do its fatal work only among the degraded classes whose ignorance of the laws of health and indifference to their surroundings will make them a ready prey for the destroyer.

Another item for comfort may be found in the fact that since the latest visitation of cholera the disease has been most carefully studied, and its specific germ isolated, while the *modus operandi* of its propagation, its prophylaxis and treatment are now better understood than ever before; and that while it may still be regarded in the Scriptural sense as "the pestilence that walketh in darkness," recent investigations have thrown upon it a flood of light, and placed in the physician's hands means for dealing with the disease which were unknown to those who met it in former epidemics.

In this connection the following, from Robert Koch, will be read with great interest. It is the report of an interview by a writer at Toulon, published in the *Gaulois* of July 11th, and reproduced in the New York Herald of July 12th. As the report runs, Dr. Koch said:

All the post-mortems made confirm the results of my first investigation, which put the Asiatic character of the scourge beyond question. I have found the same phenomena as in the cases which I investigated in India. The microbes were identical. I found numbers in the body of that soldier, Besnard, whose post-mortem I made on Sunday evening. Indeed, I found more than I had seen in Egypt. Messrs. Strauss and Roux, who were standing by, also recognized the presence of the Indian microbe in Egypt, but had always seen it mixed with others; whereas in post-mortems that I have made here the Indian microbes outnumbered the others immensely.

The microbe is rarely met with in the stomach. Gastric disorders are not favorable to it, so it takes refuge in the small intestines, where it can easily multiply. The microbe in the intestines causes diarrhea and vomiting, leading to thickening and chilling of the blood, then it secretes an intoxicating poison, which causes the dry, instantaneous cholera—*foudroyant sec*—that is, cholera without diarrhea.

Contamination is not caused by air, but by absorption of microbes infecting food, especially water and solid food introduced into the digestive tube. Hence I advised the members of the Sanitary Committee to shut up the wells and counsel the people to drink boiled water, or water from non-infected places, or light mineral waters. It also explains the necessity of taking only well-cooked food, peeled fruits, vegetables, and preserves. Remember, microbes die if exposed to a high, and especially to a dry, temperature.

I hold that microbes are transmissible only by excrement, or objects soiled by excrement. Consequently, the first precaution to take is to subject the linen of cholera patients to heat, hot air, and phenic acid more or less concentrated. Microbes can not live in concentrated solutions of phenic acid or in a dry atmosphere. They develop and multiply in the damp. They have been found in ponds in cholera countries. No soiled object is the least dangerous when once it is dry, for the microbe has become powerless to reproduce itself; indeed, it is dead.

The theory of the destruction of the microbe by dryness leads me to advise the closing up and drying of contaminated apartments for several days,

and to pronounce the disinfecting of luggage, letters, and travelers ineffectual.

The practice of watering streets and boulevards is dangerous. It favors the conditions needed for the reproduction and propagation of microbes. It would be preferable to leave the streets dry and dusty.

I think I may say that, considering the precautions taken by the naval authorities, cholera was imported on some merchant ship, probably English. They do not scruple on English vessels to hide deaths which occur on voyages, or to falsify logs.

I disapprove of crowds altogether. All public fêtes and fairs should be forbidden.

Bibliography.

Contagious Diseases Among Domestic Animals. Remarks of Hon. John S. Williams, of Kentucky, delivered in the United States Senate, 1884, on the bill (H. R. 3967) to establish a bureau of animal industry, to prevent the exportation of diseased cattle, and to provide means for the suppression and extirpation of pleuro-pneumonia and other contagious diseases among domestic animals. Washington, D. C.: R. O. Polkinhorn & Son, Printers. 1884.

This pamphlet presents Senator William's able advocacy of the bill, with the spirited discussion which it called forth in the Senate prior to its passage on the 29th of April. Aside from its local sanitary aspects the question is evidently one of great commercial interest, as shown by the following quotations:

So far as the English Government is concerned, I notice that a bill has been returned to the House of Commons, recommended unanimously by a committee for its passage, to authorize the privy council absolutely to prohibit the introduction of cattle from any foreign country unless they are accompanied by an assurance that the disease does not exist in that country, putting the entire onus of proof on the country from which the cattle come. When that is done we shall lose our cattle trade entirely with Great Britain. That bill is now pending before the British House of Commons, and it will undoubtedly pass.

Gentlemen say the whole of these restrictions are gotten up in Great Britain in the interest of the cattle-men of that country; that the Government is lending itself to them. This is a wide mistake. The Government of Great Britain is more interested than any government on earth in free trade in bread and meat. She has thirty-six million people, and does not raise half enough bread to feed them. She has but six million cattle, not one-sixth of what would be necessary to feed her people if beef was abundant and cheap. We have one head of cattle in this country for every human being; Great Britain has but one to every six, and it has been the study of that gov-

ernment ever since the time of Sir Robert Peel and Cobden, in the passage of free-trade laws, to increase the meat supply of that country. In 1842 they threw open their ports to the cattle of the world, and Great Britain was soon inundated with diseases imported from the continent of Europe, and with pleuro-pneumonia chief among them. * * *

The rule and policy of the British Government for one hundred years has been to secure its supplies, if not at home, from her own colonial possessions. Her population increased in the small pent-up isle until it pressed upon home subsistence, so that she could not feed her people with the products of her own soil. Then, the policy of feeding them from her own colonial possessions began. She bent her influence to afford her people free corn and cattle.

When she opened her ports cattle came in, and they brought diseases with them which decimated her domestic herds, and after losing to her people \$400,000,000 by the disease known as pleuro-pneumonia, and after spending uncounted millions in efforts to exterminate it, she appointed a commission to investigate cattle diseases in connection with the supply of meat and milk; and that commission after a careful, thorough, and exhaustive investigation submitted a report to the Government that, notwithstanding the millions of cattle that had been brought into the country by free trade, yet the meat-supply of Great Britain had not been increased, because the diseases introduced by the imported cattle killed more native ones than the supply by importation.

What a fact that is! Her policy was to plant colonies in South Africa at Cape Town, one of the finest grazing countries under the sun, a vast extent of country three thousand miles in length and two thousand four hundred in breadth, covered with grass, tall and waving, like the richest prairies of our own West. She started population there; she started the rearing of cattle there; she did the same thing in Australia, but accidentally a few animals infected with this disease were sent there for the purpose of improving the native herds, and they communicated the disease by infection and destroyed in both those countries all the great cattle ranches upon which she expected at some future day to rely for her supply of meat.

The disease has destroyed the cattle in Eastern Europe to the Carpathians, to the Tyrol, to the great steppes of Russia, and Europe can no longer furnish the supply needed to England; and that is the reason of the recent demand for American cattle; and, Senators, if we act wisely we shall make provision for the re-establishment of our cattle trade with Europe upon a basis that shall be enduring; but it can not be done unless we eradicate a disease of which Great Britain is afraid. She has exterminated pleuro-pneumonia in her own country practically, and while she has spent millions of money to do that, she does not want to introduce it from other countries; and I say she is right.

No man can say that the British Government is opposed to healthy cattle coming from foreign countries; no man can say that she is in collusion with a few hundred cattle raisers, the dukes and noblemen of the country, who own great estates. She has not one sixth enough cattle to feed her own people if beef was cheap and abundant as it

would be if we could send her our healthy herds to-day. No doubt the owners of cattle estates in England are glad of the embargo and interdiction, but the Government can not be blamed for it. That government is the most paternal in the world. It protects its citizens. Wherever the British flag floats a British subject is safe under its protection.

No nation looks to the interests of its people as Great Britain does. Tell me that she is in the interest of a few cattle-men in England, and would close her ports against all the world! I know that the graziers in England and Ireland would be glad to see the ports thrown open to-day, and the English Government would be glad to throw them open if they thought that they could do it without introducing disease from this country. That we have it here there can be no sort of question. It is useless to disguise or deny the fact. It is useless to attempt to deceive the world. We can not do it. It is here. It is here to stay unless it is grappled with by the strong arm of the National Government and pulled up by the roots. The States will not do it, and the National Government must, if it expects to provide a market for its people.

Just think of us with our fifty million cattle. Suppose we shipped two million of them only to England, and England can take that number. They would be worth not less than a hundred dollars apiece in England. There is two hundred million dollars. Then we could ship one hundred and fifty million dollars of pork, making three hundred and fifty million dollars, and we could increase this amount indefinitely, which would be far more profitable than our present market for grain. * * *

I know that the whole people of the West favor the bill, whatever else a few cattle commission men and cowboys about the yards may say—men who buy the cattle and take them to their stalls. They are the men and the commission men who sell them in the yards who are opposing this bill, and not the people who are raising the cattle.

Clinical Lectures on Mental Diseases. By T. S. CLOUSTON, M. D., etc. To which is added an abstract of the statutes of the United States and of the several States and Territories, relating to the custody of the insane. By CHAS. F. FOLSOM, M. D., etc. Philadelphia: Henry C. Lea's Son & Co. 1884.

The general practitioner, unversed in the special science of psychiatry, often finds the systematic treatise dull reading. His cases are hard to classify by the categories of the books. Transition from one form to another is not uncommon, and these changes are not satisfactorily set forth in most books on this subject. The present work is clinical in character, and on that account gives a truer picture of the cases as seen in everyday practice. Two hundred and sixty cases are well calculated to present the leading features of the nineteen major and fourteen minor varieties of insanity treated. Of the

eight plates it may be said that they are well selected, but some are open to the criticism of crudeness in the tints of color used. The American mind evinces its practical tendency by the appendix of Dr. Folsom. The question frequently arises, "What are the legal steps to be taken by the friends of the insane?" The doctor is often consulted on this head, and usually upon him it devolves to take the first steps required by the code of his State. It is of obvious importance to him to have the law digested and collated by experts. The edition before us is fully equipped for all essential uses. It is the best clinical work on the subject extant.

J. W. H.

MACKENZIE ON THE THROAT AND NOSE. Messrs. Blakiston, Son & Co. announce, among their publications for July, this great work. Its publication, as previously stated in these columns, was delayed for several months by the entire destruction by fire of the sheets when nearly ready to be bound. It has been reprinted from the proof-sheets which were fortunately in possession of the author. The American publisher issues the work in two volumes, octavo. Vol. i, including the Pharynx, Larynx, Trachea, etc., one hundred and twelve illustrations, is sold in cloth for \$4; leather, \$5. Vol. ii, Diseases of the Esophagus, Nose, Naso-pharynx, and Neck, with many illustrations. Price, cloth, \$3; leather, \$4. The two volumes in cloth, \$6; in leather, \$7.50.

Legislation on Insanity. A Collection of all the Lunacy Laws of the States and Territories of the United States to the year 1883, inclusive. Also the Laws of England on Insanity, Legislation in Canada on Private Houses, and important portions of the Lunacy Laws of Germany, France, etc. George L. Harrison, LL. D., late President of the Board of Charities of Pennsylvania. Privately printed. Philadelphia: 1884.

How to grow fine celery. A new method, by Mrs. H. M. Crider. Price twenty-five cents. H. M. Crider, publisher, York, Pa. 1884. This is a brief, scientific, and practical pamphlet, devoted to a question of medical as well as agricultural importance. The theory put forward by Mrs. Crider is based upon the natural habits of the plant, and is made good by the results of several years' experience in its practical application.

The Medical World: published monthly. June 1884. Vol. ii, No. 6. We are glad to welcome this pithy and spirited contemporary among our exchanges, and regret that it should have passed through one volume and five numbers before we made its acquaintance.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The chief topic of the day in this country, in conversation and in the public press, is the epidemic of cholera now raging at Toulon. It may be interesting to go back to the history of the epidemic which broke out at Toulon about the 4th of June, but was kept a secret for some days. The public were naturally concerned as to the real nature of the disease, and applied to the authorities to have an official investigation into the matter, with a view that such measures might be taken as would crush the epidemic in the bud. At first the medical men at Toulon were divided, the civil portion looking upon it as an aggravated form of simple sporadic cholera, whereas the naval medical officers at once recognized in it the characteristics of the true Asiatic cholera. With this diversity of opinion the Government were quite perplexed, and they decided upon sending a deputation to Toulon, composed of Dr. Rochard, Inspector-General of the Navy, and Drs. Bronardel and Proust, members of the Council of Hygiene, who, soon after their visit to Toulon, reported that in their opinion the malady prevailing in that town is neither the pure sporadic or non-malignant cholera, nor yet is it the true Asiatic form of the disease, but that it holds an intermediate position between the two. In Paris some of the leading medical men were consulted on the subject. Professors Germain Sée and Vulpian have no doubt as to the epidemic being the true Asiatic cholera. Drs. Strauss and Roux, disciples of M. Pasteur, and who, it will be remembered, went to Egypt last year on the cholera mission, are also of the same opinion. Dr. Fauvel, who is a great authority on the subject, was also referred to, and he gave it as his decided opinion that the disease was of a sporadic type, though of a rather severe character. He founded his argument on the epidemic's limitation to a certain area, it being at-

tributable to local causes, which may be expressed by the most unsanitary conditions.

Dr. Strauss, who is now at Toulon, after the first autopsy on a gunner who had just died, stated that he found in this case exactly the same conditions as those he observed in patients who died from the cholera in Egypt last year. He believes that the disease at Toulon was imported by the English from India, owing to their utter disregard to the quarantine regulations in vogue.

M. Pasteur, in expressing his opinion, gives a brief history of the nature of cholera. He stated that it is admitted by the highest authorities that the disease was brought from India, where it is endemic. He considers it both infectious and contagious. To prove the former assertion he says that persons who have never been near a cholera patient, but have been only moving about in the neighborhood of cholera patients, have been affected with the disease. According to the learned biologist the cause of cholera is assuredly due to a microbe.

Two missions, one from France and the other from Germany, were sent to Egypt last year to study the disease. The members of the French mission certainly did find a microbe, but as the same microbe was found in other conditions they had their doubts as to its being characteristic of the disease in question. The death of Dr. Louis Thuillier put a stop to the researches of the members of the French mission, but those of the German mission, at whose head was Dr. Koch, of Berlin, who have since had an opportunity of studying the disease at its very cradle, are more affirmative of the existence of a particular microbe in this affection. M. Pasteur adds, that up till now the presence of the microbe in cholera patients is not explained, its existence only has been established. After several post-mortem examinations at Toulon, Dr. Strauss declares that the results have proved to be identically the same as those he found in Egypt.

From what I can gather from the voluminous reports that have been published concerning the present epidemic at Toulon, the opinion is becoming current among the profession in this country that Asiatic and sporadic cholera are one and the same disease, the difference being only in degree. The former is malignant and the latter non-malignant. In other words, they bear the same relation to each other that typhus and

typhoid fever do. Both these opinions are manifestly erroneous, as shown by the microscopic as well as the necroscopic examinations of patients dying from these maladies.

Dr. Koch, who was deputed by the German Government to go to Toulon to study the cholera, gives it as his opinion that the epidemic is decidedly Asiatic cholera. He states that he shares the opinion of all the doctors at Toulon in this respect. He had not, however, had an opportunity of verifying his theory as to the etiology of the disease, only having seen such patients as had been dead for some time. He requires, as he says, a case of immediate death for the purposes of his researches. He then added that there is no doubt that the cholera comes from the East, and with the relations now existing with those countries its transmission is easy. He believes that after a week infected linen can no longer contain dangerous microbes. The precautions taken at railway stations are nugatory. The danger is situated in the intestines, which can not be reached by external fumigations. He witnessed the autopsies of Drs. Roux and Strauss, when he recognized the same microbes as those collected by him in Egypt and India. He describes the microbes as being microscopic, infinitesimally small, crooked in shape, and colorless. He explains that they may be perceived by putting them into an aniline mixture, to which we can give various colors, in order to detect what bodies they contain. He very obligingly placed at the service of Drs. Roux and Strauss the same instruments he had employed in his researches to discover the presence of microbes in phthisical patients. Dr. Koch has no doubt as to the disease (cholera) spreading all over Europe.

At the meeting of the Academy of Medicine this week, Dr. Fauvel, who was anxiously expected to refute the arguments of his opponents, was conspicuous by his absence. After the fashion of certain diplomatists, he excused his non-attendance by a letter to the President of the Academy on the ground of ill health. With characteristic obstinacy he still adheres to the opinion first expressed by him in his official reports, and subsequently before the Academy of Medicine and other learned societies, that the epidemic at Toulon is none other than the "*cholera nostras*;" that it was there engendered, and there it will die out without spreading to other parts, and although the disease is raging at Marseilles as well,

Dr. Fauvel states that this fact will not militate against his opinion, as the disease affects only a certain zone, within whose limits the same morbid influences are in operation.

The partisans of the Asiatic-cholera theory, admitting that the disease can only be introduced by importation, have, as usual, made the English responsible for the outbreak at Toulon, whereas it was clearly proved that it was imported by the French troop-ships that had just arrived from the East (Tonquin, Cochin China).

The treatment employed by the medical men at Toulon is the subcutaneous injections of ether to relieve prostration, and of atropine to relieve the cramps, which was found more efficacious and attended with less inconvenience than the injections of morphia which were at first tried. Inhalations of oxygen were also employed with some favorable results, but further experience is required before an opinion can be formed of its efficacy or otherwise.

Professor Germain Sée, in writing on the subject of the treatment of cholera, recommends the subcutaneous injections of morphia, which is the best way of administering opium or any other medicine in cholera, because if given by the mouth it is immediately rejected. He says, moreover, that cholera patients have an utter disgust for drinks, except, strange to say, beer, a large quantity of which is borne without vomiting. Professor Sée believes in the contagiousness of cholera, and so does Professor Vulpian, who says that the disease is also infectious.

The epidemic at Toulon is evidently dying out, and seems to have no tendency to spread much beyond its present limits. Nevertheless, the whole country is in a state of panic, and every precaution is being taken to prevent the further extension of the disease. Travelers to and fro from the South of France are, with their luggage, put through a process of disinfection, but the absurdity of the measure is obvious, as no amount of disinfection will have any effect on the microbes—if microbes there are—as nothing short of subjecting them to the direct influence of a high degree of heat will destroy them. Almost every known substance is used for disinfection, from carbolic acid to the various chloride salts, sulphate of copper, and sulphate of iron; but Professor Sée thinks them quite powerless in cases of epidemic, at least as they are at present employed with little or

no judgment. He prefers the preparations of mercury and of iodine in the form of corrosive sublimate, and of the protiodide of mercury, or even iodine itself. The process of disinfection is even being carried out in Paris on a large scale, which, however, seems useless for the present, as the enemy is not yet within our walls.

July 11, 1884.

Selections.

TROPICAL DIARRHEA.—Sir Joseph Fayrer (British Medical Journal) says that diarrhea is a symptom of disease rather than a disease itself, and may depend on a variety of causes.

1. On efforts to rid the intestine of peccant matters: poisons, acrid secretions, food, drink, entozoa.

2. On disease of the liver or spleen, derangement of their functions, portal congestion, or on lesions or disturbances of the mucous lining and follicles of the intestines.

3. On efforts at elimination of morbid matter in the blood, as in septicemia, renal disease, gout, fever, etc.

4. On re-absorption into the blood of excretions and secretions, the suppression of natural discharges.

5. On malarial and climatic influences, miasmata of various kinds, especially of putrescent organic matters, intemperance, foul air and gases, sudden alternations of heat and cold, moist and dry air.

6. On mental emotions, such as fear, anticipation, anxiety.

7. As the result of degeneration and atrophy of the tissues, of the bowel in particular.

8. As a consequence of starvation or of malarial cachexia when it is wasting and chronic in its character. A severe form of diarrhea also, with dangerous and severe symptoms, is described as caused by bacteria (mycosis intestinalis) by von Recklinghausen and others, the disease and the consequent diarrhea being caused by a form of anthrax or malignant pustule in the intestines.

Having regard to these causes, a certain classification of the disease which answers well enough for practical purposes may be stated in the following terms:

Feculent diarrhea, the result of the presence of certain irritating matters in the *primæ viæ*, removed with removal of the cause.

Catarrhal or congestive or inflammatory diarrhea, due to continuance of irritation, or catarrhal conditions thereby induced, or to constitutional causes.

Diarrhea from checked action of the skin, or from miasmata, when the mucous surface, villi, and follicles of the intestine may be implicated.

There may be inflammation or even ulceration, and serous, mucous, or fibrinous and flaky discharges mixed with fecal matter, accompanied by pain, griping, and even blood; indeed, it is apt to pass into dysentery, perhaps is dysentery from the commencement. And though these cases are generally amenable to early treatment, they may pass into a chronic stage, and so closely resemble, if they be not identical with dysentery, that they may be called either dysentery or diarrhea.

Then there is the bilious diarrhea, the autumnal or summer diarrhea, the so-called sporadic cholera, which sets in with great violence, and may so exhaust the patient by the loss of serum which accompanies or follows the expulsion of the ingesta, and bilious and other secretions, that symptoms of collapse and other conditions peculiar to true cholera, such as cramp, suppression of urine, great thirst, may occur. It may happen in this country, and often causes great debility. The conditions are indeed very like, if not identical with, those of true cholera, the appearance of which is frequently heralded by cases of this kind, and often a source of anxiety in India, when such an attack of diarrhea makes its appearance, lest it should pass into the true cholera.

Happily, it is often readily controlled; but those who have been in cholera camps and regions, and have had to deal with outbreaks of cholera, know the vital importance of checking looseness at the outset, feeling well assured that by so doing they may in many cases prevent the sufferer from passing into the dangerous condition that is foreshadowed by the diarrhea.

Doubtless, astringent and sedative remedies are sometimes given when a dose of castor oil or Gregory's powder would have been more to the purpose, but that is an error easily rectified; whereas the passing of diarrhea into cholera is a very serious matter, and may prove fatal.

Lastly, there is the chronic form of diarrhea depending on visceral changes due to constitutional causes and defective nutrition.

THE NEW HYPNOTIC.—If paraldehyd should prove as reliable as the reports thus far published seem to promise, we have in it a really valuable hypnotic. The latest observer is Dr. E. Kurz, who in the *Gentrib. f. d. cl. Med.* (18, 1884), gives the results of his experiments with the remedy on twenty-four cases. With few exceptions the effect was favorable. Usually he administered the drug in the dose of three, sometimes four grams (gr. i. to gr. lxx.) and in watery solution. But in this manner taken the remedy has a very disagreeable taste, and Dr. Sutter, of Illenau, recommends rum as a medium. Paraldehyd is incorporated in sugar, so that in the form of troches, one of these contains sixteen grains. Three or four of them, according to Sutter, are then dissolved in rum and a few drops of essence of lemon added. Thus prepared, the disagreeable taste is utterly concealed, and the patients do not object to take it. Its administration in *refracta dosi* is not so reliable as the effect of a single large dose. In most of K.'s twenty-four cases insomnia had been complained of for a long time, and had not yielded notwithstanding the use of narcotics.

We will mention some of the diseases in which it was employed by K. for sleeplessness:

1. Phthisis, after repeated administration of paraldehyd, prompt effect.
2. Insomnia, with great restlessness after several days of railroad travel: perfectly quiet sleep restored after first dose.
3. Large ulcerated carcinoma of the mamma: after the pains had been subdued by hypodermic injections of morphia, sleep was induced by paraldehyd. Morphia and cannabis indica had not been effectual, and chloral had caused only excitement.
4. Insomnia, after violent psychical excitement: chloral had here also caused sleep, but been followed by severe headache; effect of paraldehyd instantaneous.
5. Mitral insufficiency with severe dyspnea: neither morphia, cannabis, nor chloral caused sleep; paraldehyd did so, but partially.
6. Insomnia after typhus: morphia produced excitement; cannabis was useless; paraldehyd acted promptly.
7. Acute melancholy: prompt effect.
8. Insomnia in childhood: paraldehyd caused a quiet slumber.
9. Intra-orbital neuralgia: paraldehyd induced sleep, but the effect of cannabis was still better.

The same was noticed in a tenth case, where chronic otitis had produced the sleeplessness.

Of the twenty-four cases but four evinced no or but partial hypnotic effects from the remedy. The opposite effect, excitation, as often observed of morphia and of cannabis, was not seen in any case in which paraldehyd had been employed. Sleep generally set in within thirty minutes, and lasted from five to seven hours. Even in the few cases in which no hypnotic effect ensued, the patients admitted having felt much quieter after the paraldehyd; pulse became slower and arterial tension lessened, if previously increased; disagreeable effects were never noticed.—*Medical and Surgical Reporter*.

THE NATURE OF THE JEQUIRITY POISON. Sattler has set up the theory, and has attempted to prove that the reaction produced on the conjunctiva, eyelids, cornea, etc., when an infusion of jequirity is instilled into the eye is due to a specific bacillus, making the jequirity-ophthalmia a disease dependent on bacteria. Hippel first contradicted this theory; the observations of Neisser, Salomonson, Dircking, and Klein corresponded with the criticism of Hippel. H. claims the following facts overthrow S.'s theory:

1. The jequirity ophthalmia is not hetero-inoculable.
2. The jequirity bacilli are absent from the secretion as well as from the tissues affected.
3. The most typical cases are produced with an infusion entirely free from bacilli, and the more this organism multiplies the less is the reaction from the infusion.
4. The isolated jequirity bacillus obtained through "rein cultures" does not bring about any pathological reaction at all when placed on the conjunctiva. (Neissner, Salomonson, and Klein.) If the theory of Sattler has suffered, and if the jequirity bacillus has been rejected from the list of micro-organisms carrying a specific pathogenetic poison, it has had the effect to cause an investigation into the nature of the poison, and, all taken together, there need be no doubt but that pathology has been benefited by the results. The jequirity poison is not a real infectious material, since there are no chemical substances known that possess the property of propagating a disease which they are capable of producing.—*C. W. T., in the Cincinnati Lancet and Clinic*.

INGUINAL & LUMBAR COLOTOMY.—I have performed lumbar colotomy thirty-nine times for the relief of cancer of the rectum. Since 1881, the date of my book, I have added twenty-six to my number, making a total of sixty-nine lumbar colotomies for cancer of the rectum, sigmoid flexure, and descending colon. I think my success has been very good considering the varied conditions of the patients; only two have directly died from the operation. In one case I opened the duodenum by misadventure, in the other the patient had so freely taken purgatives that when the colon was opened she sank from the continuous rush of fluid feces, which, despite all efforts, could not be arrested. I do not put much faith in surgical statistics, but I may say that the average duration of life in my sixty-nine cases has been something over six months. In the St. Thomas's Hospital Reports, 1870, I, in my opinion, described the best and safest method of operating, and gave anatomical precision to the finding of the colon. My plan was founded on numerous dissections and some experience in operating, and I am now certain that strict attention to my method will best guide the operator to the discovery of the *undistended* bowel. I am not aware that any surgeon had previously given accurate directions for the performance of the operation.—*Wm. Allingham, in the Lancet*.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, July 13, 1884, to July 19, 1884.

Wright, J. P., Major and Surgeon, assigned to duty as Post-Surgeon, San Antonio, Texas. (Par. 4, S.O. 87, Headquarters Department of Texas, July 14, 1884.) *McElderry, Henry*, Captain and Assistant Surgeon, from Department of the Platte to Department of the East. (Par. 12, S.O. 165, A.G.O., July 16, 1884.) *Evans, Clarence*, Captain and Assistant Surgeon, assigned to duty as Post-Surgeon, Fort Sidney, Neb. (Par. 8, S.O. 58, Headquarters Department of Platte, July 11, 1884.) *Elbrey, F. W.*, Captain and Assistant Surgeon, leave of absence still further extended six months on surgeon's certificate of disability. (Par. 6, S.O. 161, A.G.O., July 12, 1884.) *Wakeman, Wm. J.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort D. A. Russell, Wyoming, and assigned to duty as Post-Surgeon, Fort Washakie, Wyoming, relieving Assistant Surgeon Norton Strong. (Par. 9, S.O. 58, Headquarters Department of Platte, July 11, 1884.)

APPOINTMENT: *Charles B. Ewing*, to be Assistant Surgeon, with the rank of First Lieutenant, July 5, 1884, *vice* Middleton, promoted. (Memo. A.G.O., July 14, 1884.)